1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Adair County Board of Education		☐ State
	Street Address 1204 Greensburg St		
	City, State Zip Columbia, KY 42728		Other:
		8	Method of Payment:
2	KDE Contact Information:	M P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ '
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	16	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	10	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$187,874.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Allen County Board of Education		☐ State
	Street Address 570 Oliver Street		
	City, State Zip Scottsville, KY 42164		Other:
	,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$148,151.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anchorage Independent Board of Education		☐ State
	Street Address 11400 Ridge Rd		
	City, State Zip Anchorage, KY 40223		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	Only, IV. Exp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1 /	Other
4	Grant Authority (Source):		
7	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
3	\$7,833.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
•	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DITCHTION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anderson County Board of Education		☐ State
	Street Address 1160 By Pass North		
	City, State Zip Lawrenceburg, KY 40342		Other:
	J,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	16	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$114,446.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ashland Independent Board of Education		☐ State
	Street Address PO Box 3000		
	City, State Zip Ashland, KY 41101		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$214,393.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o - E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Augusta Independent Board of Education		☐ State
	Street Address 307 Bracken St		
	City, State Zip Augusta, KY 41002		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the second of the se		Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$15,502.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Now Contraction 1 forcesionale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ballard County Board of Education		☐ State
	Street Address 3465 Paducah Rd		
	City, State Zip Barlow, KY 42024		Other:
		8	Method of Payment:
2	KDE Contact Information:	N -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A	. 1	Electronic Submission
			Other
4	Grant Authority (Source):		
_	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	DA F	<b>Evaluations:</b> District must submit a plan to address teacher
	\$64,502.00	_	quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annually.
6	Period of Award:		Information regarding the plan is forthcoming.
12	July 1, 2011 – September 30, 2013  Consortia/Partnership Members:		3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
13	Special Instructions/Conditions: The submission of a quarterly report via	tho C	Comprehensive District Improvement Plan electronic
13	submission (CDIP) is required for this program. The final date to submit y		
	Submission (ODI) is required for this program. The inial date to submit y	oui it	euciai casii request is Deceilibei 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
• •	Division of Next Generation Professionals		- 1
	zmeen er new generalien i vorodionale		

Agency Name Street Address PO Box 520 City, State Zip Barbourville, KY 40906   **Method of Payment:*    Federal   Other:	
City, State Zip Barbourville, KY 40906    City, State Zip Barbourville, KY 40906	
Street Address   Sudget Contact – Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact – Phone #   Sudget	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479     Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment     Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT     Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT     City, KY Zip   Frankfort, KY 40601     Description   FY 2012 Title II, Part A Improving Teacher     Quality   Rederal Cash Request     Expenditure Reimbursement     Automatic Payment     Lump Sum     Receipt of Invoice from Vendor     Monthly     Quarterly     Quarterly	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479     Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment     Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT     Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT     City, KY Zip   Frankfort, KY 40601     Description   FY 2012 Title II, Part A Improving Teacher     Quality   Rederal Cash Request     Expenditure Reimbursement     Automatic Payment     Lump Sum     Receipt of Invoice from Vendor     Monthly     Quarterly     Quarterly	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Monthly Quarterly	
Street Address City, KY Zip Frankfort, KY 40601   Description FY 2012 Title II, Part A Improving Teacher Quality  Street Address City Frankfort, KY 40601  Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quality	
Street Address City, KY Zip Frankfort, KY 40601   Description FY 2012 Title II, Part A Improving Teacher Quality  Street Address City Frankfort, KY 40601  Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quality	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Reimbursement Frequency:  Monthly Quarterly	
3 Description/Fund Source of Award and Fiscal Year:  Description FY 2012 Title II, Part A Improving Teacher  Quality   Monthly  Quarterly	
Description FY 2012 Title II, Part A Improving Teacher Quarterly Quarterly	i
Description FY 2012 Title II, Part A Improving Teacher Quarterly  Quarterly	
Quality	
Fund Source Title II. Part A Teacher & Principal Training Defense	
Title II, Fait A Teacher & Filliopal Training	
Recruiting Fund	
CFDA# 84.367A	
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Selectronic Submission	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to ac	
\$49,269.00 quality based on a needs assessment cond-ucted	
6 Period of Award: distirct. The aforementioned plan will be evaluated as the forementioned plan will be evaluated as the foremention as t	ed annually.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan ele	ctronic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	,

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bardstown Independent Board of Education		☐ State
	Street Address 308 N Fifth St		
	City, State Zip Bardstown, KY 40004		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, RT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
_	\$92,484.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Floressionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barren County Board of Education		☐ State
	Street Address 202 W Washington St		
	City, State Zip Glasgow, KY 42141		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the state of the stat		Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
_	\$186,351.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Now Contraction 1 forcesionale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bath County Board of Education		☐ State
	Street Address 405 W Main St		
	City, State Zip Owingsville, KY 40360		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$131,762.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Beechwood Independent Board of Education		☐ State
	Street Address 50 Beechwood Rd		
	City, State Zip Fort Mitchell, KY 41017		Other:
	3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecorpt of invelor from vertical
	Oity, IXT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		Guioi
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A	10	
	Master Agreement Number 19/A		
		11.	Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	$d\lambda L$	<b>Evaluations:</b> District must submit a plan to address teacher
	\$20,350.00	- 2-11	quality based on a needs assessment cond-ucted by the
6	Period of Award:	E	distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	3 F E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y		
			•
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		,
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bell County Board of Education		☐ State
	Street Address PO Box 340		
	City, State Zip Pineville, KY 40977		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprenting nem venue.
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$285,500.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bellevue Independent Board of Education		☐ State
	Street Address 219 Center St		
	City, State Zip Bellevue, KY 41073		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	73	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$40,086.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Berea Independent Board of Education		☐ State
	Street Address 3 Pirate Pkwy		
	City, State Zip Berea, KY 40403		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT	•	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$46,719.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	Beng	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boone County Board of Education		☐ State
	Street Address 8330 US 42		
	City, State Zip Florence, KY 41042		Other:
			-
		8	Method of Payment:
2	KDE Contact Information:	M P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		_
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	1	•
5	REVISED Award Amount: PROFICIENT & PRE	11/2	<b>Evaluations:</b> District must submit a plan to address teacher
	\$412,719.00	1 / N. II	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.  Information regarding the plan is forthcoming.
	July 1, 2011 – September 30, 2013		information regarding the plan is fortificonning.
12	Consortia/Partnership Members:	or E	DHCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
44	And having at Dr. (Name of 1911). Might and Dailean Director		D-4 M 00 0040
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bourbon County Board of Education		☐ State
	Street Address 3343 Lexington Rd		
	City, State Zip Paris, KY 40361		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$104,075.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bowling Green Independent Board of Education		☐ State
	Street Address 1211 Center St		
	City, State Zip Bowling Green, KY 42101		Other:
	στη, σταπο — μ = σταπο <b>ι</b>		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the second of the se	1	Other
4	Grant Authority (Source):	111.	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$216,697.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyd County Board of Education		☐ State
	Street Address 1104 Bob McCullough Dr		
	City, State Zip Ashland, KY 41102		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$182,030.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:	E	distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	Benny	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyle County Board of Education		☐ State
	Street Address 352 N Danville By-Pass		
	City, State Zip Danville, KY 40422		Other:
	2,7 2 3 3 4 7 7 7 7		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vender
	Oity, ICI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$106,519.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bracken County Board of Education		☐ State
	Street Address 348 W Miami St		
	City, State Zip Brooksville, KY 41004		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$62,655.00 FROFICIENT & FRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breathitt County Board of Education		☐ State
	Street Address PO Box 750		
	City, State Zip Jackson, KY 41339		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeselpt of investor from voluce.
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$247,889.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breckinridge County Board of Education		☐ State
	Street Address #86 Airport Road		
	City, State Zip Hardinsburg, KY 40143		Other:
	only, oracle in Franciscong, it for its		
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Oity, KT Zip Trankfort, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$161,596.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bullitt County Board of Education		☐ State
	Street Address 1040 Hwy 44 E		
	City, State Zip Shepherdsville, KY 40165		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):	111.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$413,656.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Burgin Independent Board of Education		☐ State
	Street Address PO Box B		
	City, State Zip Burgin, KY 40310		Other:
	<b>3</b>		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invelor from vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$12,761.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Frocessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Butler County Board of Education		☐ State
	Street Address PO Box 339		
	City, State Zip Morgantown, KY 42261		Other:
	- y, 1 y		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invelor from vehicle
	Oity, ICT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$130,706.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County Board of Education		☐ State
	Street Address PO Box 229		
	City, State Zip Princeton, KY 42445		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):	111.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$120,787.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Calloway County Board of Education		☐ State
	Street Address PO Box 800		
	City, State Zip Murray, KY 42071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$148,426.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	DIVISION OF NEXT Generation 1 Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbell County Board of Education		☐ State
	Street Address 101 Orchard Ln		
	City, State Zip Alexandria, KY 41001		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$115,282.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbellsville Independent Board of Education		☐ State
	Street Address 136 S Columbia		
	City, State Zip Campbellsville, KY 42718		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$104,709.00	PAL	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carlisle County Board of Education		☐ State
	Street Address 4557 State Rt 1377		
	City, State Zip Bardwell, KY 42023		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$45,004.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
•	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Contration i Torcosionale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carroll County Board of Education		☐ State
	Street Address 813 Hawkins St		
	City, State Zip Carrollton, KY 41008		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	16-	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$101,569.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	Beng	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
'	Division of Next Generation Professionals		<b>Date:</b> March 20, 2012

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carter County Board of Education		☐ State
	Street Address 228 S Carol Malone Blvd		
	City, State Zip Grayson, KY 41143		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	15	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$346,219.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County Board of Education		☐ State
	Street Address 1922 N US 127		
	City, State Zip Liberty, KY 42539		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$179,495.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address 1102 N Dixie Hwy. City, State Zip Cave City, KY 42127   **ROBE Contact Information:** Program Consultant − Phone # Street Address 500 Mero St., 8th Fl. CPT Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16th Fl. CPT City, KY Zip Frankfort, KY 40601  **Tobescription Fry 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  **Grant Authority (Source):** NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  **Method of Payment: □ Federal Cash Request □ Expenditure Reimbursement □ Automatic Payment □ Lump Sum □ Receipt of Invoice from Vendor  **PRIMBURS Project Number Frequency: □ Other □ Other □ Financial Reporting Method: □ Other □ Financial Reporting Method: □ Other □ Financial Reporting Method: □ Other □ Other □ Financial Reporting Method: □ Other □ Other □ Financial Reporting Method: □ Other	1102 N Dixie Hwy. Cave City, KY 42127   8 Method of Payment: Soo Mero St., 8 <sup>th</sup> Fl. CPT Frankfort, KY 40601  Receipt of Invo.	Request Reimbursement yment voice from Vendor
City, State Zip Cave City, KY 42127    Other:	Cave City, KY 42127    Sample	Request Reimbursement yment voice from Vendor
Street Address   Sudget Contact - Phone #   Jennifer Baker (502) 564-1479   Street Address   So0 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	## Receipt of Involved Re	Request Reimbursement yment voice from Vendor
Receipt of Invoice from Vendor	rmation: nt – Phone # Jennifer Baker (502) 564-1479 500 Mero St., 8 <sup>th</sup> Fl. CPT Phone # Tracy Billingsley (502) 564-1979 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601    Septemble   Federal Cash     Expenditure Recogniture Recognit	Request Reimbursement yment voice from Vendor
CFDA# MUNIS Project Number MUNIS Project Number MUNIS Project Number Munits Program Consultant – Phone # Munits Project Number N/A   CFD A# Munits Project Number Munits Project Number N/A   CFD A# Munits Project Number N/A   CFD A# Munits Project Number N/A   CFD A# Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   CFD A# Munits Project Number N/A   CFD A# Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   CFD A# Street Address Source Stock (SO2) 564-1479	rmation: nt – Phone # Jennifer Baker (502) 564-1479 500 Mero St., 8 <sup>th</sup> Fl. CPT Phone # Tracy Billingsley (502) 564-1979 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601    Septemble   Federal Cash     Expenditure Recogniture Recognit	Request Reimbursement yment voice from Vendor
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	nt – Phone # Jennifer Baker (502) 564-1479 500 Mero St., 8 <sup>th</sup> Fl. CPT Phone # Tracy Billingsley (502) 564-1979 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601    Comparison of the comparison	Reimbursement yment voice from Vendor
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice Payment Lump Sum Receipt of Invoice from Vendor  Other  Other  Financial Reporting Method:  Electronic Submission Other	Soo Mero St., 8 <sup>th</sup> Fl. CPT Tracy Billingsley (502) 564-1979 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601  Soo Mero St., 8 <sup>th</sup> Fl. CPT Frankfort, KY 40601  Receipt of Involution	yment voice from Vendor
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice Payment Lump Sum Receipt of Invoice from Vendor  Other  Other  Financial Reporting Method:  Electronic Submission Other	Soo Mero St., 8 <sup>th</sup> Fl. CPT Tracy Billingsley (502) 564-1979 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601  Soo Mero St., 8 <sup>th</sup> Fl. CPT Frankfort, KY 40601  Receipt of Involution	yment voice from Vendor
Street Address City, KY Zip  Description/Fund Source of Award and Fiscal Year: Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  Street Address Title II, CPT Frankfort, KY 40601  9  Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Physical Reports Submission Other	500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601    Receipt of Involution  9  Reimbursement Free	
Street Address City, KY Zip  Description/Fund Source of Award and Fiscal Year: Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  Street Address Title II, CPT Frankfort, KY 40601  9  Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Physical Reports Submission Other	500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601    Receipt of Involution  9  Reimbursement Free	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  Fy 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  V/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	Frankfort, KY 40601  9 Reimbursement Fred	
3 Description/Fund Source of Award and Fiscal Year:  Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	9 Reimbursement Fred	equency:
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	Source of Award and Fiscal Year:	1
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	The state of the s	·
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  V/A  Grant Authority (Source):  NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	Quality	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	Title II, Part A Teacher & Principal Training Other	
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	84.367A	
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	mber 4012 10 Financial Reporting	Method:
Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		omission
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
	Source):	
	A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
\$61,215.00 quality based on a needs assessment cond-ucted by the		
6 Period of Award: distirct. The aforementioned plan will be evaluated ann		
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	defined 50, 2015	ne plan is forthcoming.
12 Consortia/Partnership Members:	rehin Mombore:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic		
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.		s December 10, 2013.
	ns/Conditions: The submission of a quarterly report via the Comprehensive District	
	ons/Conditions: The submission of a quarterly report via the Comprehensive District is required for this program. The final date to submit your federal cash request is	
Division of Next Generation Professionals	ons/Conditions: The submission of a quarterly report via the Comprehensive District is required for this program. The final date to submit your federal cash request is ame/Title): Michael Dailey, Director Date: March 20, 2012	2

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County Board of Education		☐ State
	Street Address PO Box 609		
	City, State Zip Hopkinsville, KY 42241		Other:
	,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invelor from vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	111	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$599,934.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
- U			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clark County Board of Education		☐ State
	Street Address 1600 W Lexington Ave		
	City, State Zip Winchester, KY 40391		Other:
	3,7		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invelor from vender
	Only, ICT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	master / ig/coment / tamber / ig/t		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$268,084.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	0 F E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clay County Board of Education		☐ State
	Street Address 128 Richmond Rd		
	City, State Zip Manchester, KY 40962		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	10-	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$426,395.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y		
			<u>-</u>
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address Rt 4 Box 100 Hwy 127 City, State Zip Albany, KY 42602     State   Federal   Other:	
City, State Zip Albany, KY 42602    City, State Zip Albany, KY 42602   Cother:	
Stop Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor	
Stock   Sto	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> FI. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601	
Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601   3 Description/Fund Source of Award and Fiscal Year: Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Dump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Quality Other  Other  Financial Reporting Method:	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number  Frankfort, KY 40601  9  Reimbursement Frequency:  Monthly  Quarterly  Other  Other  Financial Reporting Method:	
Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Monthly  Quarterly  Other  Frinancial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  A012  Quarterly  Other  Financial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  A012  Quarterly  Other  Financial Reporting Method:	
Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund State of the state of	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	1
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	
MUNIS Project Number 4012 To Financial Reporting Method:	
Madio Agroditoti Tattibo Tatt	ļ
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$134,119.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated a	inually.
July 1, 2011 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electro	ic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	ļ
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	i

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cloverport Independent Board of Education		☐ State
	Street Address PO Box 37		
	City, State Zip Cloverport, KY 40111		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
_	\$17,473.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Floressionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Corbin Independent Board of Education		☐ State
	Street Address 108 Roy Kidd Ave		
	City, State Zip Corbin, KY 40701		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$127,044.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lleng.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Noxt Contration i Torcosionale		

Agency Name Street Address 25 E Seventh St City, State Zip Covington, KY 41011  2 KDE Contact Information: Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601  3 Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Attendance Federal Cash Request Federal Cash Request Expenditure Reimbursement Lump Sum Lump Sum Receipt of Invoice from Vendor  PRelimbursement Frequency: Monthly Quarterly  Other  Financial Reporting Method: Electronic Submission	
City, State Zip Covington, KY 41011    City, State Zip Covington, KY 41011	
Street Address   Str	
Automatic Cash Request   Expenditure Reimbursement   Street Address   Soo Mero St., 8th Fl. CPT   Street Address   Soo Mero St., 16th Fl. CPT   Street Address   Soo Mero St., 16th Fl. CPT   City, KY Zip   Frankfort, KY 40601   Street Address   Soo Mero St., 16th Fl. CPT   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor	
Automatic Cash Request   Expenditure Reimbursement   Street Address   Soo Mero St., 8th Fl. CPT   Street Address   Soo Mero St., 16th Fl. CPT   Street Address   Soo Mero St., 16th Fl. CPT   City, KY Zip   Frankfort, KY 40601   Street Address   Soo Mero St., 16th Fl. CPT   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A   By Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly  Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year:  Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT Tracy Billingsley (502) 564-1979  Street Address Tracy Billingsley (502) 564-1979  Recruitingsley (502) 564-1979  Receipt of Invoice from Vendor  Other  Financial Reporting Method: Electronic Submission	
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year:  Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Tracy Billingsley (502) 564-1979  Street Address Tracy Billingsley (502) 564-1979  Receipt of Invoice from Vendor  Other  Financial Reporting Method:  Electronic Submission	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  Master Agreement Number  N/A  PReimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund  To Financial Reporting Method: Electronic Submission	
3 Description/Fund Source of Award and Fiscal Year:  Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A  MUNIS Project Number 4012  Master Agreement Number N/A  PReimbursement Frequency:  Monthly  Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Quarterly  Other  Pinancial Reporting Method: Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Quarterly  Other  Pinancial Reporting Method: Electronic Submission	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Title II, Part A Teacher & Principal Training Recruiting Fund  10  Financial Reporting Method: Electronic Submission	ļ
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method: Electronic Submission	1
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method: Electronic Submission	
CFDA# 84.367A  MUNIS Project Number 4012  Master Agreement Number N/A  10 Financial Reporting Method:  □ Electronic Submission	
Master Agreement Number N/A Electronic Submission	
Master Agreement Number N/A Electronic Submission	
3	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address t	acher
\$443,671.00 quality based on a needs assessment cond-ucted by the	
6 Period of Award: distirct. The aforementioned plan will be evaluated ann	ally.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	ļ

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Crittenden County Board of Education		☐ State
	Street Address PO Box 362		
	City, State Zip Marion, KY 42064		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$93,129.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cumberland County Board of Education		☐ State
	Street Address PO Box 420		
	City, State Zip Burkesville, KY 42717		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):	111.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$86,100.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address 152 E Martin Luther King Blvd City, State Zip Danville, KY 40422     City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422    City, State Zip Federal Cash Request Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Danville Expenditure Reimbursement Danville Expenditure Reimbursement Danville Expenditure Reimbursement Expenditure Reimbursement Danville Expenditu	
City, State Zip Danville, KY 40422    City, State Zip Danville, KY 40422	
Street Address   Str	
Automatic Personal Cash Request   Street Address   Str	
Automatic Personal Cash Request   Street Address   Str	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A   Bexpenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly  Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year:  Description Frankfort Cuality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number  Master Agreement Number  Monthly  Automatic Payment Lump Sum Receipt of Invoice from Vendor  P  Reimbursement Frequency:  Monthly Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number Master Agreement Number N/A  Budget Contact – Phone # Tracy Billingsley (502) 564-1979  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Frankfort, KY 40601  Street Address	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  Master Agreement Number  N/A  PReimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund  The part A Teacher & Princi	
Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  Master Agreement Number  Monthly  Quarterly  Other  Title II, Part A Teacher & Principal Training Pund  Title II, Part A Teacher & Prin	
Description/Fund Source of Award and Fiscal Year:         Description       FY 2012 Title II, Part A Improving Teacher Quality         Fund Source       Title II, Part A Teacher & Principal Training Recruiting Fund         CFDA#       84.367A         MUNIS Project Number       4012         Master Agreement Number       N/A            Master Agreement Number       Financial Reporting Method:         Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Quarterly  Other  Financial Reporting Method: Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  N/A  Quarterly  Other  II Other  Financial Reporting Method: Electronic Submission	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Quality Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method:  Electronic Submission	j
CFDA# 84.367A  MUNIS Project Number 4012  Master Agreement Number N/A  84.367A  10 Financial Reporting Method:  □ Electronic Submission	
MUNIS Project Number 4012  Master Agreement Number N/A  10 Financial Reporting Method:  □ Electronic Submission	
Master Agreement Number N/A	
Othor	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$105,836.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated a	inually.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electro	ic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

Agency Name Street Address PO Box 21510 City, State Zip Owensboro, KY 42304    State   Federal Other:	
City, State Zip Owensboro, KY 42304    City, State Zip Owensboro, KY 42304    Redead Cash Request	
Street Address   Str	
XDE Contact Information:   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Budget Contact – Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT   City, KY Zip   Frankfort, KY 40601   Street Scription   Fy 2012 Title II, Part A Improving Teacher Quality   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Rembursement Frequency:   Monthly   Quarterly   Quarterly   Quarterly   Quarterly   Quarterly   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Expenditure Reimbursement   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Ph	
XDE Contact Information:   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Budget Contact – Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT   City, KY Zip   Frankfort, KY 40601   Street Scription   Fy 2012 Title II, Part A Improving Teacher Quality   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Rembursement Frequency:   Monthly   Quarterly   Quarterly   Quarterly   Quarterly   Quarterly   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Expenditure Reimbursement   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Phone # Jennifer Baker (502) 564-1979   Program Consultant – Ph	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601     Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Automatic Payment Lump Sum Receipt of Invoice from Vendor    Reimbursement Frequency:  Monthly Quarterly	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601     Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Automatic Payment Lump Sum Receipt of Invoice from Vendor    Reimbursement Frequency:  Monthly Quarterly	
Street Address City, KY Zip  Street Address City, KY Zip  Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Quality  Receipt of Invoice from Vendor  Quality	
Street Address City, KY Zip  Street Address City, KY Zip  Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Quality  Receipt of Invoice from Vendor  Quality	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Reimbursement Frequency:  Monthly  Quarterly	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  PReimbursement Frequency:  Monthly  Quarterly	
Description FY 2012 Title II, Part A Improving Teacher Quarterly Quarterly	i
Description FY 2012 Title II, Part A Improving Teacher Quarterly Quarterly	ļ
	ļ
Find Course	ļ
Fund Source Title II, Part A Teacher & Principal Training Other	ļ
Recruiting Fund	ļ
CFDA# 84.367A	
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Electronic Submission	ļ
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to addre	ss teacher
\$386,505.00 quality based on a needs assessment cond-ucted b	
6 Period of Award: distirct. The aforementioned plan will be evaluated	annually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electrons	nic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dawson Springs Independent Board of Education		☐ State
	Street Address 118 E Arcadia Ave		
	City, State Zip Dawson Springs, KY 42408		Other:
		8	Method of Payment:
2	KDE Contact Information:	100 -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	15	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11.	Evaluations: District must submit a plan to address teacher
	\$28,340.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
- U			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dayton Independent Board of Education		☐ State
	Street Address 200 Clay St		
	City, State Zip Dayton, KY 41074		Other:
	2 37 2 3332 1		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vender
	Oity, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$77,419.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Noxt Contration i Torcosionale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name East Bernstadt Independent Board of Education		☐ State
	Street Address PO Box 128		
	City, State Zip East Bernstadt, KY 40729		Other:
		8	Method of Payment:
2	KDE Contact Information:	N P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4//	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	16-	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$27,113.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	Beng	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Edmonson County Board of Education		☐ State
	Street Address PO Box 129		
	City, State Zip Brownsville, KY 42210		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	100	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11 -	<b>Evaluations:</b> District must submit a plan to address teacher
	\$120,827.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o - E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elizabethtown Independent Board of Education		☐ State
	Street Address 219 Helm St		
	City, State Zip Elizabethtown, KY 42701		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treceipt of invoice from vehicor
	Oity, RT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		⊠ Electronic Submission
	Madei Agreement Namber 1477		Other
4	Grant Authority (Source):	11.	
7	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
J	\$91,119.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
O			Information regarding the plan is forthcoming.
12	July 1, 2011 – September 30, 2013  Consortia/Partnership Members:		
		OF E	DUCATION B
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our te	ederal cash request is December 10, 2013.
4.4	Authorized By (Nemo/Title). Michael Deiley Director		Data: March 20, 2012
14	Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elliott County Board of Education		☐ State
	Street Address PO Box 767		
	City, State Zip Sandy Hook, KY 41171		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$100,560.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Eminence Independent Board of Education		☐ State
	Street Address 254 W. Broadway		
	City, State Zip Eminence, KY 40019		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	City, KT Zip Trankfort, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Laboratoria de la constanta	1	Other
4	Grant Authority (Source):	111.	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$31,175.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Erlanger-Elsmere Independent Board of Education		☐ State
	Street Address 500 Graves Ave		
	City, State Zip Erlanger, KY 41018		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the second of the se	11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
_	\$86,471.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Estill County Board of Education		☐ State
	Street Address PO Box 930		
	City, State Zip Irvine, KY 40336		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$194,738.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

	1	Name and Address of Recipient:	7	Fund Type:
City, State Zip Ashland, KY 41102    City, State Zip Ashland, KY 41102		Agency Name Fairview Independent Board of Education		☐ State
Recount   Rec		Street Address 2201 Main Street		
Rogram Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Budget Contact – Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor		City, State Zip Ashland, KY 41102		Other:
Rogram Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Budget Contact – Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor				
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address			8	Method of Payment:
Street Address Budget Contact – Phone # Street Address City, KY Zip	2	KDE Contact Information:	M -	
Street Address Budget Contact – Phone # Street Address City, KY Zip		Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
Street Address City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  Revised Address Stevise Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  PReceipt of Invoice from Vendor  Nonthly Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Financial Reporting Method: Electronic Submission Other  District must submit a plan to address to				Automatic Payment
Street Address City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  Revised Address Stevise Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  PReceipt of Invoice from Vendor  Nonthly Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Financial Reporting Method: Electronic Submission Other  District must submit a plan to address to		Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description  Fy 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  PREVIDENTIAL TRAININGS  Monthly Quarterly  Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address to				
Description/Fund Source of Award and Fiscal Year:   Description				
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: Quarterly  Quarterly  Other  Financial Reporting Method: Electronic Submission Other  To Prinancial Reporting Method: Electronic Submission Other  District must submit a plan to address to provide the principal Training Part Part Part Part Part Part Part Part			9	Reimbursement Frequency:
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address teacher & Principal Training Pother  Dother  Pund Source  Recruiting Fund Dother  To Financial Reporting Method: Electronic Submission District must submit a plan to address teacher & Principal Training Pother  Dother  Pund Source Dother Do	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  Other  Other  Financial Reporting Method: Electronic Submission Other  Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		Description FY 2012 Title II, Part A Improving Teacher		
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  10 Financial Reporting Method: □ Other □ Other □ District must submit a plan to address te		Quality		
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  10 Financial Reporting Method: □ Other □ Other □ District must submit a plan to address te		Fund Source Title II, Part A Teacher & Principal Training		Other
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  Financial Reporting Method: □ Other  Cother  It Evaluations: District must submit a plan to address to the submit a plan to address to t				
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  Electronic Submission Other  Levaluations: District must submit a plan to address to		CFDA# 84.367A		
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  Electronic Submission Other  I Evaluations: District must submit a plan to address to		MUNIS Project Number 4012	10	Financial Reporting Method:
Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:  Other  District must submit a plan to address to				
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85 <b>REVISED Award Amount:</b> 11 Evaluations: District must submit a plan to address to				
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address to	4	Grant Authority (Source):		
PUNCIFICATION CAD		NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
\$25,104,00	5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
		\$25,104.00	PAR	quality based on a needs assessment cond-ucted by the
	6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.				Information regarding the plan is forthcoming.
12 Consortia/Partnership Members:	12		or E	DUCATION
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	13			
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.		submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	14			<b>Date:</b> March 20, 2012
Division of Next Generation Professionals		Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fayette County Board of Education		☐ State
	Street Address 701 E Main St		
	City, State Zip Lexington, KY 40502		Other:
	J. J		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vender
	Oity, itt Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$1,515,189.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address 211 W Water St City, State Zip Flemingsburg, KY 41041  2 KDE Contact Information: Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601  3 Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A    State   State   Federal Cash Request   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Automatic Payment   Receipt of Invoice from Vendor   Cherceipt of Invoice from Vendor   Other   Cherceipt of Invoice from Vendor   Cherceipt of Invoice from Vendor	
City, State Zip Flemingsburg, KY 41041    Other:	
8 Method of Payment:  Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	
Automatic Cash Request   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor	
Automatic Cash Request   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601     Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  Program Consultant – Phone # Jennifer Baker (502) 564-1479  Automatic Payment Lump Sum Receipt of Invoice from Vendor  Primbursement Frequency:  Monthly Quarterly  Other	
Street Address Budget Contact – Phone # Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor  Reimbursement Frequency: Monthly Quarterly Quarterly Other	
Street Address Budget Contact – Phone # Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor  Reimbursement Frequency: Monthly Quarterly Quarterly Other	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  Budget Contact – Phone # Tracy Billingsley (502) 564-1979	
Street Address City, KY Zip  Street Address City, KY Zip  Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Frankfort, KY 40601  Street Address Frankfort, KY 40601  S	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  PRecruiting Fund  Recruiting Fund  PReimbursement Frequency:  Monthly  Quarterly  Other	i
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  9 Reimbursement Frequency:	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  Guarterly  Other	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  Guarterly  Other	ļ
Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  Other	ļ
Recruiting Fund	ļ
Recruiting Fund	
	ļ
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Electronic Submission	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	teacher
\$150,232.00 quality based on a needs assessment cond-ucted by t	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	nually.
July 1, 2011 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	<b>3</b>
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	ļ
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Floyd County Board of Education		☐ State
	Street Address 106 N Front Ave		
	City, State Zip Prestonsburg, KY 41653		Other:
	<b>3</b> 7		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	II	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	10	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	y	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$635,274.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o - E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	a the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fort Thomas Independent Board of Education		☐ State
	Street Address 28 N Ft Thomas Ave		
	City, State Zip Fort Thomas, KY 41075		Other:
	ony, orace in the management of the control of the		
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Oity, KT Zip Trankfort, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$64,876.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Frankfort Independent Board of Education		☐ State
	Street Address 506 West Second Street, Suite 2		
	City, State Zip Frankfort, KY 40601		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invoice from vehicle
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
_	\$67,530.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Franklin County Board of Education		☐ State
	Street Address 916 E Main St		
	City, State Zip Frankfort, KY 40601		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$240,836.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton County Board of Education		☐ State
	Street Address 2780 Moscow Ave		
	City, State Zip Hickman, KY 42050		Other:
		8	Method of Payment:
2	KDE Contact Information:	N P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	-4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
_		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality Title III Book A Tabahan & Britain at Tabiahan		College Colleg
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund CFDA# 84.367A		> \
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A	10	Electronic Submission
	Master Agreement Number 11/A	1	Other
4	Grant Authority (Source):	11.	- Other
4	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$63,665.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton Independent Board of Education		☐ State
	Street Address 304 West State Line		
	City, State Zip Fulton, KY 42041		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		111	Other
4	Grant Authority (Source):	11	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11/2	<b>Evaluations:</b> District must submit a plan to address teacher
	\$40,881.00	PAI	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Gallatin County Board of Education		☐ State
	Street Address PO Box 147		
	City, State Zip Warsaw, KY 41095		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$78,655.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lane .	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		<u> </u>

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Garrard County Board of Education		☐ State
	Street Address 322 W Maple St		
	City, State Zip Lancaster, KY 40444		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$122,217.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
•	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Glasgow Independent Board of Education		☐ State
	Street Address PO Box 1239		
	City, State Zip Glasgow, KY 42142		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invoice from volues
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	10	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$123,514.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address 820 Arnie Risen Boulevard City, State Zip Williamstown, KY 41097     State   State   Federal   Other:	
City, State Zip Williamstown, KY 41097    City, State Zip Williamstown, KY 41097	
Street Address   Str	
Automatic Cash Request   Expenditure Reimbursement   Street Address   Soo Mero St., 8th Fl. CPT   Budget Contact – Phone # Tracy Billingsley (502) 564-1979   Street Address   Soo Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor	
Automatic Cash Request   Expenditure Reimbursement   Street Address   Soo Mero St., 8th Fl. CPT   Budget Contact – Phone # Tracy Billingsley (502) 564-1979   Street Address   Soo Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA#  Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly  Other  Other	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601     Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly  Other  Other	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601     Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly  Other  Other	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A  Reimbursement Frequency:  Monthly Quarterly  Other  CFDA#	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  Quarterly  Other  Other	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  Quarterly  Other  Other	
Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA#  Other  4.367A	
Recruiting Fund CFDA# 84.367A	
Recruiting Fund CFDA# 84.367A	
MUNIC Project Number 4012	,
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Electronic Submission	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to addres	
\$170,520.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated a	nually.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	C
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Graves County Board of Education		☐ State
	Street Address 2290 State Rt 121 N		
	City, State Zip Mayfield, KY 42066		Other:
		8	Method of Payment:
2	KDE Contact Information:	M P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	31/2	<b>Evaluations:</b> District must submit a plan to address teacher
	\$198,419.00		quality based on a needs assessment cond-ucted by the
6	Period of Award:	F	distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grayson County Board of Education		☐ State
	Street Address PO Box 4009		
	City, State Zip Leitchfield, KY 42754		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invelor from vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$264,222.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
- U			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Green County Board of Education		☐ State
	Street Address PO Box 369		
	City, State Zip Greensburg, KY 42743		Other:
	<b>3</b> ,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$101,494.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	DIVISION OF NEXT OCHERATION FROM		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Greenup County Board of Education		☐ State
	Street Address 45 Musketeer Drive		
	City, State Zip Greenup, KY 41144		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$210,774.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Floressionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hancock County Board of Education		☐ State
	Street Address 83 State Rt 271 N		
	City, State Zip Hawesville, KY 42348		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$75,593.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hardin County Board of Education		☐ State
	Street Address 65 W A Jenkins Rd		
	City, State Zip Elizabethtown, KY 42701		Other:
	,		
		8	Method of Payment:
2	KDE Contact Information:	III -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	10	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$544,433.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	line.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address 251 Ball Park Rd 251 Ball Par	
City, State Zip Harlan, KY 40831    Other:	
Receipt of Invoice from Vendor	
CFDA# MUNIS Project Number Monthly Street Agreement Number   Master	
CFDA# MUNIS Project Number Monthly Street Agreement Number   Master	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT Prankfort, KY 40601      Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A   Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT CPT Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Quarterly  Other  Financial Reporting Method: □ Electronic Submission Other □ Other □ Other □ Description Financial Reporting Method: □ Electronic Submission □ Other □ Other	
Street Address Budget Contact – Phone # Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice fro	
Street Address Budget Contact – Phone # Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice fro	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Budget Contact – Phone # Tracy Billingsley (502) 564-1979  Receipt of Invoice from Vendor  Other  PReimbursement Frequency:  Other  Other  Financial Reporting Method: Electronic Submission Other	
Street Address City, KY Zip  Street Address Street	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  Master Agreement Number  N/A  PReimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Other  Financial Reporting Method: Electronic Submission Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund Title II, Part A Teacher & Principal Training Recruiting Fund Title II, Part A Teacher & Principal Training Recruiting Fund Title II, Part A Teacher & Principal Training Recruiting Fund Tother  Title II, Part A Teacher & Principal Training Recruiting Fund Tother  Other  Title II, Part A Teacher & Principal Training Recruiting Fund Tother  Other	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  MONIS Project Number  Monitor Agreement Number  N/A  Description  FY 2012 Title II, Part A Improving Teacher Quarterly  Other  To Principal Training Recruiting Fund  To Principal Reporting Method:  Electronic Submission Other	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  MONIS Project Number  Monitor N/A  MUNIS Project Number  Monitor N/A  Monitor N/A  Description  Fy 2012 Title II, Part A Improving Teacher Quality  Other  Dother	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  Standard  Title II, Part A Teacher & Principal Training Recruiting Fund  Standard  MUNIS Project Number Master Agreement Number  N/A  Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission Other	
Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  Recruiting Fund 84.367A  10 Financial Reporting Method: □ Electronic Submission □ Other	ŀ
Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  Recruiting Fund 84.367A  10 Financial Reporting Method: □ Electronic Submission □ Other	
MUNIS Project Number 4012 Master Agreement Number N/A  The state of t	
Master Agreement Number N/A ☐ Electronic Submission Other	
Master Agreement Number N/A ☐ Electronic Submission Other	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$486,404.00 quality based on a needs assessment cond-ucted by t	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	ually.
July 1, 2011 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electroni	
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
	,
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan Independent Board of Education		☐ State
	Street Address 420 E Central St		
	City, State Zip Harlan, KY 40831		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$51,949.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harrison County Board of Education		☐ State
	Street Address 308 Webster Ave		
	City, State Zip Cynthiana, KY 41031		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$153,100.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County Board of Education		☐ State
	Street Address 25 Quality Street		
	City, State Zip Munfordville, KY 42765		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe near vertice.
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$178,117.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	DIVISION OF NEXT OCHERATION FROM		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hazard Independent Board of Education		☐ State
	Street Address 705 Main Street		
	City, State Zip Hazard, KY 41701		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$70,405.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Bivioloti di Noki Contration i Torconomiale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henderson County Board of Education		☐ State
	Street Address 1805 Second St		
	City, State Zip Henderson, KY 42420		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT	•	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$352,400.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	Beng	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address 326 S Main St City, State Zip New Castle, KY 40050    State   State	
City, State Zip New Castle, KY 40050    Other:	
Street Address   Str	
Street Address   Str	
Automatic Payment   Street Address	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601	
Street Address Budget Contact – Phone # Street Address Street Address Street Address Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Description Frankfort Quality Fund Source  Tracy Billingsley (502) 564-1979 Store Address Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly Quarterly Other	
Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601   3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quality Quarterly  Other	
Street Address City, KY Zip Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  Street Address Feecipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quality  Ounthly Quarterly  Other	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  City, KY Zip Frankfort, KY 40601  9 Reimbursement Frequency:  Monthly  Quarterly  Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  9 Reimbursement Frequency:	
Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Other	
Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Other	
Quality Fund Source Title II, Part A Teacher & Principal Training  Other	
CFDA# 84.367A	
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Electronic Submission	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	ess teacher
\$102,530.00 quality based on a needs assessment cond-ucted by t	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	d annually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	ronic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hickman County Board of Education		☐ State
	Street Address 416 Waterfield Dr		
	City, State Zip Clinton, KY 42031		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$47,878.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address 320 S Seminary St City, State Zip Madisonville, KY 42431     State   Federal Other:	
City, State Zip Madisonville, KY 42431    Other:	
Receipt of Invoice from Vendor	
Receipt of Invoice from Vendor	
2       KDE Contact Information:	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address	
Program Consultant − Phone # Street Address	
Street Address Budget Contact – Phone # Street Address Street Addr	
Budget Contact – Phone # Street Address Street Address City, KY Zip Source of Award and Fiscal Year:  Description Frund Source of Award and Fiscal Year:  Description Frund Source Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A  MUNIS Project Number Master Agreement Number Master Agreement Number N/A  Grant Authority (Source):  Tracy Billingsley (502) 564-1979  Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Other  Palembursement Frequency:  Monthly  Quarterly  Other  Financial Reporting Method:  Electronic Submission  Other	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Address Street Address Street Address Address Address Street Address Street Address Addr	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  4 Grant Authority (Source):    Reimbursement Frequency:   Monthly     Quarterly     Other     Other     Financial Reporting Method:     Electronic Submission     Other     Ot	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source):  9 Reimbursement Frequency:	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  4 Grant Authority (Source):  Quarterly  Other  Financial Reporting Method: Electronic Submission Other	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number  4012 N/A  Grant Authority (Source):  Quarterly  Other  Financial Reporting Method: Electronic Submission Other	İ
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission Other	
Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Recruiting Fund 84.367A  10 Financial Reporting Method:  Electronic Submission Other	
Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Recruiting Fund 84.367A  10 Financial Reporting Method:  Electronic Submission Other	
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source):  4012  Financial Reporting Method:  Electronic Submission Other	
Master Agreement Number N/A  Grant Authority (Source):    Master Agreement Number N/A	
Master Agreement Number N/A  4 Grant Authority (Source):  Electronic Submission Other	
4 Grant Authority (Source):	
NOLD THE IL Dord & EDCAD 24 CED Dords 70, 77, 70, 00, 04, 9, 05	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$407,667.00 quality based on a needs assessment cond-ucted by the	
6 Period of Award: distirct. The aforementioned plan will be evaluated annual distirct.	ually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	;
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	· .
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson County Board of Education		☐ State
	Street Address PO Box 217		
	City, State Zip McKee, KY 40447		Other:
		8	Method of Payment:
2	KDE Contact Information:	I M	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	III	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	72	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$217,672.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	_	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	a the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson Independent Board of Education		☐ State
	Street Address 940 Highland Ave		
	City, State Zip Jackson, KY 41339		Other:
	3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$21,262.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
- U			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name		☐ State
	Street Address PO Box 34020		
	City, State Zip Louisville, KY 40232		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	II	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	75-	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	10	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$4,825,959.00	PAL	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name		☐ State
	Street Address PO Box 74		
	City, State Zip Jenkins, KY 41537		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Madei Agreement Namber 1471		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$54,812.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
- U			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name		☐ State
	Street Address 871 Wilmore Rd		
	City, State Zip Nicholasville, KY 40356		Other:
		8	Method of Payment:
2	KDE Contact Information:	MA	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT	•	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	16	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$296,368.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lane.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	2.1100.110.110.110.110.110.1111.1111.11		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Johnson County Board of Education		☐ State
	Street Address 253 N Mayo Tr		
	City, State Zip Paintsville, KY 41240		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$282,548.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	omprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Kenton County Board of Education		☐ State
	Street Address 1055 Eaton Dr		
	City, State Zip Fort Wright, KY 41017		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	111	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$380,276.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knott County Board of Education		☐ State
	Street Address PO Box 869		
	City, State Zip Hindman, KY 41822		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trescapt of invelor from Vender
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):	111.	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$274,170.00 <b>PROFICIENT &amp; PRE</b>	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Floressionals		

Agency Name Knox County Board of Education Street Address 200 Daniel Boone Dr City, State Zip Barbourville, KY 40906    **Method of Payment:*    Federal Other:	
City, State Zip Barbourville, KY 40906    Other:	
Street Address   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Con	
CFDA# MUNIS Project Number   Street Address   Federal Cash Request   Expenditure Reimbursement   Expenditure Re	
CFDA# MUNIS Project Number   Street Address   Federal Cash Request   Expenditure Reimbursement   Expenditure Re	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly  Other  Financial Reporting Method:	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601	
Budget Contact – Phone # Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Lump Sum Receipt of Invoice from Vendor  Other  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Other  Other  I Diffinancial Reporting Method:	
Street Address City, KY Zip  Street Address Receipt of Invoice from Vendor  PReceipt of Invoice from Vendor  Receipt of Invoice from Vendor  PReceipt of Invoice from Vendor  PReceipt of Invoice from Vendor  Other  Other  CFDA# MUNIS Project Number 4012  To Financial Reporting Method:	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number  Frankfort, KY 40601  Reimbursement Frequency:  Monthly Quarterly  Other  Tother  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  Tother  Title II, Part A Teacher & Principal Training Recruiting Fund  Tother	
Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Munis Project Number  PReimbursement Frequency:  Monthly Quarterly  Other  To other  Financial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Augurterly  Other  I Description  I Description  Other  I Description  Other  I Description  Other  I Description  I Description  Other  I Description  I Descriptio	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Auguraterly  Other  To principal Training Recruiting Fund  To principal Training R	
Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Title II, Part A Teacher & Principal Training Recruiting Fund 10 Financial Reporting Method:	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	i
MUNIS Project Number 4012 10 Financial Reporting Method:	!
	ļ
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$468,356.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	nually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	C
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	ļ
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name LaRue County Board of Education		☐ State
	Street Address 208 College St		
	City, State Zip Hodgenville, KY 42748		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, IV. Exp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$119,945.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Laurel County Board of Education		☐ State
	Street Address 718 North Main Street		
	City, State Zip London, KY 40744		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$569,730.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lawrence County Board of Education		☐ State
	Street Address PO Box 607		
	City, State Zip Louisa, KY 41230		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$236,506.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
14	Division of Next Generation Professionals		<b>Date.</b> Ivial Cit 20, 2012

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lee County Board of Education		☐ State
	Street Address PO Box 668		
	City, State Zip Beattyville, KY 41311		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprenting nem venue.
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Madei / Igreement / Idrie	1	Other
4	Grant Authority (Source):	111.	
7	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
3	\$130,269.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
•	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y		
	· · · · · · · · · · · · · · · · · · ·		
14	Authorized By (Name/Title): Michael Dailey, Director	_	<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Leslie County Board of Education		☐ State
	Street Address PO Box 949		
	City, State Zip Hyden, KY 41749		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeselpt of invelor from Vollage
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$215,984.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Letcher County Board of Education		☐ State
	Street Address 224 Park St		
	City, State Zip Whitesburg, KY 41858		Other:
	3,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trescript of invelor from vender
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1	Other
4	Grant Authority (Source):	111.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$299,886.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lewis County Board of Education		☐ State
	Street Address PO Box 159		
	City, State Zip Vanceburg, KY 41179		Other:
	<b>3</b> ,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodipt of invoice from vertical
	Only, IV. Exp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$193,287.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address PO Box 265 City, State Zip Stanford, KY 40484   **Rederat Cother:**  **Rederat Cother:**  **Rederat Cash Request Expenditure Reimbursement Street Address Stree	
City, State Zip Stanford, KY 40484    City, State Zip Stanford, KY 40484   City, State Zip Stanford, KY 40484   City, State Zip Stanford, KY 40484   City, State Zip Stanford, KY 40484   City, State Zip Stanford, KY 40484   City, State Zip Stanford, KY 40484   City, State Zip Stanford, KY 40601   City, KY Zip Stanford, KY 40601   City, Stanford, KY 4	
Street Address   Str	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601     Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Automatic Payment Lump Sum Receipt of Invoice from Vendor   Reimbursement Frequency:  Monthly Quarterly	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601     Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Automatic Payment Lump Sum Receipt of Invoice from Vendor   Reimbursement Frequency:  Monthly Quarterly	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Lump Sum Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly	
Street Address City, KY Zip Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Receipt of Invoice from Vendor  Quality	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Reimbursement Frequency:  Monthly  Quarterly	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Reimbursement Frequency:  Monthly  Quarterly	
Description FY 2012 Title II, Part A Improving Teacher Quality Quarterly	
Description FY 2012 Title II, Part A Improving Teacher Quality Quarterly	ļ
	ļ
Fund Source Title II. Part A Teacher & Principal Training Other	
	ļ
Recruiting Fund	
CFDA# 84.367A 84.367A	
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Electronic Submission	ļ
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$264,808.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	nually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	С
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	ļ
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	I

Agency Name Street Address PO Box 219 City, State Zip Smithland, KY 42081     City, State Zip Smithland, KY 42081   City, State Zip Smithland, KY 42081   State State Street Address Stre	
City, State Zip Smithland, KY 42081    Other:	
Receipt of Invoice from Vendor	
CFDA#   MUNIS Project Number   Master Agreement Number   Note Address   Source of Address   Source (502) 564-1479   Street Address   Source (502) 564-1979   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Prankfort, KY 40601   Street Address   Monthly   Quarterly   Quarterly   Quarterly   Other   Source   Sourc	
CFDA#   MUNIS Project Number   Master Agreement Number   Note Address   Source of Address   Source (502) 564-1479   Street Address   Source (502) 564-1979   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Prankfort, KY 40601   Street Address   Monthly   Quarterly   Quarterly   Quarterly   Other   Source   Sourc	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number Address Agreement Number N/A   Program Consultant – Phone # Jennifer Baker (502) 564-1479  Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601  PReceipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly  Quarterly  Other  Financial Reporting Method:  Electronic Submission Other	
Street Address Budget Contact – Phone # Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Other  P Reimbursement Frequency: Monthly Quarterly Other Other  Financial Reporting Method: Electronic Submission Other	
Street Address Budget Contact – Phone # Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor Other  P Reimbursement Frequency: Monthly Quarterly Other Other  Financial Reporting Method: Electronic Submission Other	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Street	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Street	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number Master Agreement Number  Reactive Award and Fiscal Year:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Other  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teacher & Principal Training Recruiting Fund  To Financial Reporting Method: Electronic Submission Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Monthly Quarterly  Other  Financial Reporting Method: □ Financial Reporting Method: □ Other □ Other	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  Master Agreement Number  Model  FY 2012 Title II, Part A Improving Teacher Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund  To Financial Reporting Method: Electronic Submission Other	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  Master Agreement Number  Model  FY 2012 Title II, Part A Improving Teacher Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund  To Financial Reporting Method: Electronic Submission Other	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Title II, Part A Teacher & Principal Training Recruiting Fund  10  Financial Reporting Method: Electronic Submission Other	ŀ
Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  N/A  Recruiting Fund  84.367A  10 Financial Reporting Method:  Electronic Submission  Other	
Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  N/A  Recruiting Fund  84.367A  10 Financial Reporting Method:  Electronic Submission  Other	
CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  The project Number Augment Number N/A  Month of the project Number N/A  The project Number Augment Number N/A  The project Number Augment N/A  The projec	
Master Agreement Number N/A ☐ Electronic Submission ☐ Other	
Master Agreement Number N/A ☐ Electronic Submission ☐ Other	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	acher
\$72,945.00 quality based on a needs assessment cond-ucted by the	
6 Period of Award: distirct. The aforementioned plan will be evaluated and	ally.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
	ŀ
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Logan County Board of Education		☐ State
	Street Address PO Box 417		
	City, State Zip Russellville, KY 42276		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):	111.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$161,682.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ludlow Independent Board of Education		☐ State
	Street Address 525 Elm St		
	City, State Zip Ludlow, KY 41016		Other:
	1 3,7 2 3333		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicle
	Oity, it i Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
_	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$46,559.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lyon County Board of Education		☐ State
	Street Address 217 Jenkins Rd		
	City, State Zip Eddyville, KY 42038		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher	1	Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
		11	Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		V
5	REVISED Award Amount: PROFICIENT & PRE	<b>11</b> 11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$44,240.00		quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annually.
6	Period of Award:		Information regarding the plan is forthcoming.
40	July 1, 2011 – September 30, 2013		intermediate garding the plante termionning.
12	Consortia/Partnership Members:	OF E	DUCATION District Income of Blood of the control of
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our to	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
14	Division of Next Generation Professionals		Date. Water 20, 2012
	Division of Next Generation Fibressionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Madison County Board of Education		☐ State
	Street Address PO Box 768		
	City, State Zip Richmond, KY 40475		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invoice from volues
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$477,773.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DIICATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Magoffin County Board of Education		☐ State
	Street Address PO Box 109		
	City, State Zip Salyersville, KY 41465		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	III	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
	ony, itt zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	master / ig/coment / tamber / ig/t	11	Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	_11	Evaluations: District must submit a plan to address teacher
	\$254,389.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marion County Board of Education		☐ State
	Street Address 755 E Main St		
	City, State Zip Lebanon, KY 40033		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$175,704.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marshall County Board of Education		☐ State
	Street Address 86 High School Rd		
	City, State Zip Benton, KY 42025		Other:
	7, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vender
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$202,510.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
J	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	0 F E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Martin County Board of Education		☐ State
	Street Address PO Box 366		
	City, State Zip Inez, KY 41224		Other:
		8	Method of Payment:
2	KDE Contact Information:	N P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount: PROFICIENT & PRE	<b>11</b> E	<b>Evaluations:</b> District must submit a plan to address teacher
	\$216,406.00	- / 1/1	quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annually.
6	Period of Award:	E	Information regarding the plan is forthcoming.
40	July 1, 2011 – September 30, 2013		intermediating the plante fortheoming.
12	Consortia/Partnership Members:	of E	DUCATION BULLIA
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our te	ederai cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
14	Division of Next Generation Professionals		Date. Ivial CIT 20, 2012
	DIVISION OF INCAL CONCIDENT I TOTESSIONAIS		

Agency Name Street Address PO Box 130 City, State Zip Maysville, KY 41056     State   Federal   Other:	
City, State Zip Maysville, KY 41056    Other:	
Street Address   Sou Mero St., 8 <sup>th</sup> FI. CPT   Street Address   Sou Mero St., 16 <sup>th</sup> FI. CPT   Street Address   Sou Mero St., 16 <sup>th</sup> FI. CPT   City, KY Zip   Frankfort, KY 40601   Pscription   FY 2012 Title II, Part A Improving Teacher   Quality   Fund Source   Title II, Part A Teacher & Principal Training   Recruiting Fund   Secretable   Secretable	
Street Address   Sudget Contact - Phone #   Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Automatic Payment   Lump Sum   Street Address   500 Mero St., 16th Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor	
A	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT Prankfort, KY 40601   3 Description Frankfort Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number Master Agreement Number N/A  Program Consultant – Phone # Jennifer Baker (502) 564-1479  Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT Lump Sum Receipt of Invoice from Vendor  Mestim burner Automatic Payment Lump Sum Receipt of Invoice from Vendor  Quarterly Quarterly Other  Financial Reporting Method: Electronic Submission	
Street Address Budget Contact – Phone # Street Address City, KY Zip	
Street Address Budget Contact – Phone # Street Address City, KY Zip	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number Master Agreement Number N/A  Budget Contact – Phone # Tracy Billingsley (502) 564-1979  Receipt of Invoice from Vendor  Other  Prankfort, KY 40601  9  Reimbursement Frequency:  Other  Other  Financial Reporting Method:  Electronic Submission	
Street Address City, KY Zip  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly Other  CFDA# MUNIS Project Number Ad12 Master Agreement Number N/A  Street Address Award and Fiscal Year:  Nonthly Quarterly Street Address Stre	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  MA  MUNIS Project Number Master Agreement Number Master Agreement Number  N/A  PReimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund	
3 Description/Fund Source of Award and Fiscal Year:  Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A  MUNIS Project Number 4012  Master Agreement Number N/A  PReimbursement Frequency:  Monthly  Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  MUNIS Project Number  Monitor Submission  Quarterly  Other  In Part A Improving Teacher Quality  In Part A Improving Teacher  Quarterly  In Part A Improving Teacher  In Part A Improving Teacher  Quarterly  In Part A Improving Teacher  In It In Part A Improving Teacher  In It	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  MUNIS Project Number  N/A  Quarterly  Other  II Ource  Financial Reporting Method: Electronic Submission	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  N/A  Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method:  Electronic Submission	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method:  Electronic Submission	
CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  84.367A  10 Financial Reporting Method:  Electronic Submission	
Master Agreement Number N/A ☐ ☐ Electronic Submission	
Master Agreement Number N/A ☐ ☐ Electronic Submission	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$167,606.00 quality based on a needs assessment cond-ucted by t	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	ıally.
July 1, 2011 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electroni	
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	1

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mayfield Independent Board of Education		☐ State
	Street Address 914 College Street		
	City, State Zip Mayfield, KY 42066		Other:
	only, onate Elp maynola, it is 12000		
		8	Method of Payment:
2	KDE Contact Information:	1 100 -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	74	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	City, KT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		Quarterly
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		Suici
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
	waster Agreement number 19/A	1	Other
		11.	
4	Grant Authority (Source):		
_	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount: PROFICIENT & PRE	<i>1</i> 1/ <sub>1</sub> <i>1</i>	<b>Evaluations:</b> District must submit a plan to address teacher
	\$101,726.00	- 2-XI	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	. E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCracken County Board of Education		☐ State
	Street Address 435 Berger Rd		
	City, State Zip Paducah, KY 42001		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treceipt of invoice from vehicor
	Oity, ICI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		⊠ Electronic Submission
	Waster Agreement Warned TVA		Other
4	Grant Authority (Source):	11.	
7	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
J	\$254,869.00 PROFICIENT & PRE	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
O			Information regarding the plan is forthcoming.
12	July 1, 2011 – September 30, 2013  Consortia/Partnership Members:		
		OF E	DUCATION B
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our te	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
14	Division of Next Generation Professionals		<b>Date.</b> Iviai G11 20, 2012
	Division of Next Generation Fiolessionals		

Agency Name Street Address 120 Raider Way City, State Zip Stearns, KY 42647     City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City, State Zip Stearns, KY 42647    City Street Address	
City, State Zip Stearns, KY 42647    Other:	
Street Address   500 Mero St., 8th Fl. CPT   Street Address   500 Mero St., 8th Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	
Stock   Sto	
CFDA# MUNIS Project Number MUNIS Project Number MUNIS Project Number Munits Program Consultant - None # 84.367A MUNIS Project Number Master Agreement Phone # Jennifer Baker (502) 564-1479   Street Address	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address	
Program Consultant − Phone # Street Address	
Street Address Budget Contact – Phone # Street Address Street Addr	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY 40601  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Address Street Address Address Address Street Address Addres	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address Frankfort, KY 40601  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address Address Street Address Address Address Street Address Addres	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  4 Grant Authority (Source):  PReimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Other  Title II, Part A Teacher & Principal Training Part Other  Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source):  9 Reimbursement Frequency:	
Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4012 Master Agreement Number  Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission Other	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Quarterly  Other  I Description  Other  Other	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission Other	
Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4012 Master Agreement Number N/A  Grant Authority (Source):  Recruiting Fund 84.367A  10 Financial Reporting Method: □ Electronic Submission Other	
Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4012 Master Agreement Number N/A  Grant Authority (Source):  Recruiting Fund 84.367A  10 Financial Reporting Method: □ Electronic Submission Other	
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source):  4012  Financial Reporting Method:  Electronic Submission Other	
Master Agreement Number N/A  4 Grant Authority (Source):  □ Electronic Submission Other	
Master Agreement Number N/A  4 Grant Authority (Source):  Electronic Submission Other	
4 Grant Authority (Source):	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	eacher
\$332,670.00 quality based on a needs assessment cond-ucted by the	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	ıually.
July 1, 2011 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electroni	
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	;
	; 
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	; 
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McLean County Board of Education		☐ State
	Street Address PO Box 245		
	City, State Zip Calhoun, KY 42327		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	10	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$85,543.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Meade County Board of Education		☐ State
	Street Address PO Box 337		
	City, State Zip Brandenburg, KY 40108		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	ony, it is	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	master righterm reamber 1471		Other
4	Grant Authority (Source):	11	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$202,873.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	0 F E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Menifee County Board of Education		☐ State
	Street Address PO Box 110		
	City, State Zip Frenchburg, KY 40322		Other:
	<b>3</b>		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	11	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$86,442.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address 371 E. Lexington St. City, State Zip Harrodsburg, KY 40330   **Red Federal Other:**  **Red Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601  **Red Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601  **Red Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor City, KY Zip Frankfort, KY 40601  **Red Federal Cash Request Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor City, KY Zip Trankfort, KY 40601  **Red Federal Cash Request Expenditure Reimbursement Automatic Payment Unity Cump Sum Receipt of Invoice from Vendor City, KY Zip Trankfort, KY 40601  **Red Federal Cash Request Expenditure Reimbursement Automatic Payment Unity Sum Receipt of Invoice from Vendor City, KY Zip Trankfort, KY 40601  **Reimbursement Frequency:*  **Monthly Quarterly*  **Other*  **Other*  **Other*  **Princial Reporting Method:*  **Monthly Other*  **Other*  **Other*  **Other*  **Description Payment:*  **Description Frankfort, KY 40601  **Description Frankfort, KY 40601  **Other*  **Princial Reporting Method:*  **Monthly Other*  **Other*  **Other*  **Description Payment:*  **Monthly Other*  **Other*  **Other*  **Description Payment:*  **Description Frankfort, KY 40601  **Description Frankfort, KY 40601  **Description Payment:*  **Description Payment	
City, State Zip Harrodsburg, KY 40330    Other:	
Street Address   Str	
Street Address   Str	
A	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601     Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number Agreement Number N/A   Master Agreement Number N/A   Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quality Quarterly Quarterly  Other  Financial Reporting Method:  Electronic Submission	
Street Address	
Street Address	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number Master Agreement Number N/A  Budget Contact – Phone # Tracy Billingsley (502) 564-1979  Receipt of Invoice from Vendor  Other  Primbursement Frequency:  Other  Other  Financial Reporting Method: Electronic Submission	
Street Address City, KY Zip  Street Address Frankfort, KY 40601	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  MA  MUNIS Project Number Master Agreement Number  N/A  PReimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Recruiting Fund  Title II, Part A Teache	
3 Description/Fund Source of Award and Fiscal Year:  Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A  MUNIS Project Number 4012  Master Agreement Number N/A  PReimbursement Frequency:  Monthly  Quarterly  Other  Title II, Part A Teacher & Principal Training Other  Financial Reporting Method:  Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Quarterly  Other  Pinancial Reporting Method: Electronic Submission	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Quarterly  Other  I Other  Financial Reporting Method: Electronic Submission	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number Master Agreement Number  N/A  Title II, Part A Teacher & Principal Training Recruiting Fund  10  Financial Reporting Method: Electronic Submission	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method: Electronic Submission	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Recruiting Fund  10 Financial Reporting Method: Electronic Submission	
MUNIS Project Number 4012  Master Agreement Number N/A  10 Financial Reporting Method:  ☑ Electronic Submission	,
Master Agreement Number N/A Electronic Submission	
Master Agreement Number N/A Electronic Submission	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$156,301.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated an	ually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	;
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	,
Division of Next Generation Professionals	

Agency Name Street Address 109 Sartin Drive 109 Sartin Drive Edmonton, KY 42129    City, State Zip Edmonton, KY 42129     State   Federal Other:	
City, State Zip Edmonton, KY 42129    Other:	
Recount   Rec	
CFDA# MUNIS Project Number   Munis Program Consultant - Munis Program Consultant - Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Phone # Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor   Prankfort, KY 40601   Pran	
CFDA# MUNIS Project Number   Munis Program Consultant - Munis Program Consultant - Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Phone # Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor   Prankfort, KY 40601   Pran	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address Budget Contact – Phone # Street Address Street Addr	
Street Address Budget Contact – Phone # Street Address Street Addr	
Budget Contact − Phone # Street Address City, KY Zip   Description/Fund Source of Award and Fiscal Year: Description Fund Source CFDA# MUNIS Project Number Master Agreement Number  4  Grant Authority (Source):  Tracy Billingsley (502) 564-1979 500 Mero St., 16 <sup>th</sup> Fl. CPT Frankfort, KY 40601  PReceipt of Invoice from Vendor Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Description   Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Other  Pind Sum Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Description   Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Description   Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Description   Receipt of Invoice from Vendor  Description   Receipt of Invoice from Vendor  Pund Sum Receipt of Invoice from Vendor  Description   Receipt of Invoice from Vendor  Descr	
Street Address City, KY Zip  Street Address Frankfort, KY 40601	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  4 Grant Authority (Source):  Page Reimbursement Frequency:  Monthly Quarterly  Other  Title II, Part A Teacher & Principal Training Other  Title II, Part A Teacher & Principal Training Part Other  Title II, Part A Teacher & Principal Training Part Other  Other  Title II, Part A Teacher & Principal Training Part Other  Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source):  9 Reimbursement Frequency:  Monthly Quarterly  Other  10 Financial Reporting Method:  Electronic Submission Other	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  4 Grant Authority (Source):  Quarterly  Other  I Pinancial Reporting Method: Electronic Submission Other	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number  4012 N/A  Grant Authority (Source):  Quarterly  Other  In Part A Improving Teacher Quality  In Part A Improving Teacher Quarterly  In Part A Improving Teacher Quarterly  In Part A Improving Teacher Quarterly  In Other  Other	j
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Title II, Part A Teacher & Principal Training Recruiting Fund  10 Financial Reporting Method: Electronic Submission Other	
Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Recruiting Fund 84.367A  10 Financial Reporting Method:  Electronic Submission Other	
Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  4 Grant Authority (Source):  Recruiting Fund 84.367A  10 Financial Reporting Method:  Electronic Submission Other	
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source):  4012  Financial Reporting Method:  Electronic Submission Other	
Master Agreement Number N/A  Grant Authority (Source):    Master Agreement Number N/A	
Master Agreement Number N/A  4 Grant Authority (Source):  Electronic Submission Other	
4 Grant Authority (Source):	
NOLD THE IL Dort A EDCAD 24 CED Dorto 70, 77, 70, 00, 04, 9, 95	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address to	
\$120,066.00 quality based on a needs assessment cond-ucted by the	
6 Period of Award: distirct. The aforementioned plan will be evaluated annual distirct.	nually.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	,
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	;
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Middlesboro Independent Board of Education		☐ State
	Street Address PO Box 959		
	City, State Zip Middlesboro, KY 40965		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$125,425.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

\$132,774.00 quality based on a needs assessment cond-ucted by the	1	Name and Address of Recipient:	7	Fund Type:
City, State Zip Tompkinsville, KY 42167    Other:		Agency Name Monroe County Board of Education		☐ State
Receipt of Invoice from Vendor		Street Address 309 Emberton St.		
Contact Information:   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   City, KY Zip   Frankfort, KY 40601   Frankfort, KY 40601   Receipt of Invoice from Vendor		City, State Zip Tompkinsville, KY 42167		Other:
Contact Information:   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   Street Address   500 Mero St., 16th Fl. CPT   City, KY Zip   Frankfort, KY 40601   Frankfort, KY 40601   Receipt of Invoice from Vendor				
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address			8	Method of Payment:
Street Address Budget Contact − Phone # Street Address City, KY Zip	2	KDE Contact Information:	M -	
Street Address Budget Contact − Phone # Street Address City, KY Zip		Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
Budget Contact – Phone # Street Address City, KY Zip   Description/Fund Source of Award and Fiscal Year: Description  Prund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number N/A   Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Lump Sum Receipt of Invoice from Vendor  Prinancial Reporting  II  Financial Reporting Method:  Electronic Submission Other  11  Evaluations: District must submit a plan to address te quality based on a needs assessment cond-ucted by the quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality based on a needs assessment cond-ucted by the plan to address te quality base				Automatic Payment
Street Address City, KY Zip  Street Address		Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  5 REVISED Award Amount: \$132,774.00  PROFIGEN \$150.  Reimbursement Frequency: Monthly Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the				
Description/Fund Source of Award and Fiscal Year:   Description				
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address te quality based on a needs assessment cond-ucted by the			9	Reimbursement Frequency:
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address te quality based on a needs assessment cond-ucted by the	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Other  Other  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the		Description FY 2012 Title II, Part A Improving Teacher		
Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number V/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Recruiting Fund 84.367A 10 Financial Reporting Method: CFDA# NOTE Submission Other  Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the		Quality		
Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number V/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Recruiting Fund 84.367A 10 Financial Reporting Method: CFDA# NOTE Submission Other  Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the		Fund Source Title II, Part A Teacher & Principal Training		Other
CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Financial Reporting Method: □ Other  Electronic Submission Other  11  Evaluations: District must submit a plan to address te quality based on a needs assessment cond-ucted by the				
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Electronic Submission Other  II Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the		CFDA# 84.367A		
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Electronic Submission Other  II Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the		MUNIS Project Number 4012	10	Financial Reporting Method:
Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$132,774.00  Other  Other  Other  Other				
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  FEVISED Award Amount: \$132,774.00  Sevaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the				
5 REVISED Award Amount: \$132,774.00  11 Evaluations: District must submit a plan to address to quality based on a needs assessment cond-ucted by the	4	Grant Authority (Source):		
\$132,774.00 quality based on a needs assessment cond-ucted by the		NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
	5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
distinct. The observation and plan will be a valuated annu-		\$132,774.00	PAR	
	6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.				Information regarding the plan is forthcoming.
12 Consortia/Partnership Members:	12		or E	DUCATION
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	13			
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.		submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	14			<b>Date:</b> March 20, 2012
Division of Next Generation Professionals		Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County Board of Education		☐ State
	Street Address 700 Woodford Drive		
	City, State Zip Mount Sterling, KY 40353		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	16	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	11	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$217,440.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Monticello Independent Board of Education		☐ State
	Street Address 161 College Street		
	City, State Zip Monticello, KY 42633		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	72	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$56,476.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Morgan County Board of Education		☐ State
	Street Address PO Box 489		
	City, State Zip West Liberty, KY 41472		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treceipt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$198,201.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Muhlenberg County Board of Education		☐ State
	Street Address 510 West Main Street		
	City, State Zip Powderly, KY 42367		Other:
	only, chang the maching, in the last		
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	City, KT Zip Trankfort, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Laboratoria de la constanta	1	Other
4	Grant Authority (Source):	111.	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$304,438.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Murray Independent Board of Education		☐ State
	Street Address 208 S 13th St		
	City, State Zip Murray, KY 42071		Other:
	only, crane in manay,		
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	Oity, KT Zip Trankfort, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		additiony
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Madei Agreement Nameer 1471	1	Other
4	Grant Authority (Source):	11.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$65,382.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
	· · · · · · · · · · · · · · · · · · ·		<u>.</u>
14	Authorized By (Name/Title): Michael Dailey, Director	_	<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nelson County Board of Education		☐ State
	Street Address PO Box 2277		
	City, State Zip Bardstown, KY 40004		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$204,010.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Newport Independent Board of Education		☐ State
	Street Address 301 E Eighth St		
	City, State Zip Newport, KY 41071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A land		Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
_	\$250,961.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nicholas County Board of Education		☐ State
	Street Address 395 W Main St		
	City, State Zip Carlisle, KY 40311		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$78,865.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:	E	distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ohio County Board of Education		☐ State
	Street Address PO Box 70		
	City, State Zip Hartford, KY 42347		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4 //	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, IXI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
_	\$237,642.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address 6165 W. Highway 146 City, State Zip Crestwood, KY 40014     State   State   Federal   Other:	
City, State Zip Crestwood, KY 40014    Other:	
Sample   Street   Street   Street   Address   Address   Street   Address   Street   Address   Address   Street   Address   Address   Address   Street   Address   Address   Address   Street   Address	
Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Street Address   Sou Mero St., 8 <sup>th</sup> Fl. CPT   Street Address   Sou Mero St., 16 <sup>th</sup> Fl. CPT   Street Address   Sou Mero St., 16 <sup>th</sup> Fl. CPT   City, KY Zip   Frankfort, KY 40601   Successible   Fy 2012 Title II, Part A Improving Teacher   Quality   Fund Source   Title II, Part A Teacher & Principal Training   Recruiting Fund   CFDA#   84.367A   MUNIS Project Number   4012   Method of Payment:   Federal Cash Request   Expenditure Reimbursement   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Payment   Payment   Payment   Receipt of Invoice from Vendor   Payment   Payme	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479     Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment     Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT   Lump Sum     Street Address   500 Mero St., 16 <sup>th</sup> Fl. CPT     City, KY Zip   Frankfort, KY 40601   Prankfort, KY 40601     3 Description   FY 2012 Title II, Part A Improving Teacher Quality     Fund Source   Title II, Part A Teacher & Principal Training Recruiting Fund     CFDA#   84.367A     MUNIS Project Number   4012   10 Financial Reporting Method:	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601	
Street Address 500 Mero St., 8 <sup>th</sup> FI. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> FI. CPT City, KY Zip Frankfort, KY 40601	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Street Address Frankfort, KY 40601	
Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Street Address Frankfort, KY 40601	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  FY 2012 Title II, Part A Improving Teacher Quality Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number  Frankfort, KY 40601  9  Reimbursement Frequency:  Monthly Quarterly  Other  Other  Financial Reporting Method:	
Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  MUNIS Project Number  PReimbursement Frequency:  Monthly Quarterly  Quarterly  Other  Financial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  A012  Quarterly  Other  Financial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  A012  Quarterly  Other  Financial Reporting Method:	
Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Title II, Part A Teacher & Principal Training Recruiting Fund 10 Financial Reporting Method:	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	i
MUNIS Project Number 4012 10 Financial Reporting Method:	,
I Master Agreement Namber 1974	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	
\$223,143.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated as	าually.
July 1, 2011 – September 30, 2013 Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	c
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	ļ

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owen County Board of Education		☐ State
	Street Address 1600 Hwy 22 E		
	City, State Zip Owenton, KY 40359		Other:
	3, 2 3 3 3 7 3 3 3 7		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trescript of invelor from vender
	Oity, ICI Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	77	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$110,182.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Contration i Torcosionale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owensboro Independent Board of Education		☐ State
	Street Address 450 Griffith Avenue		
	City, State Zip Owensboro, KY 42302		Other:
	Sity, State 2.p Stronesoro, 11. 12002		
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	City, KT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		additionly
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		⊠ Electronic Submission
	Widdler Agreement Warneer 1474	1	Other
4	Grant Authority (Source):	11.	
7	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
J	\$337,979.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
O			Information regarding the plan is forthcoming.
40	July 1, 2011 – September 30, 2013		
12	Consortia/Partnership Members:	OF E	DUCATION B
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our te	ederal cash request is December 10, 2013.
1 1	Authorized By (Name/Title), Michael Deilay Director		Data: March 20, 2012
14	Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owsley County Board of Education		☐ State
	Street Address PO Box 340		
	City, State Zip Booneville, KY 41314		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$107,918.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

\$274,641.00 quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu	1	Name and Address of Recipient:	7	Fund Type:
City, State Zip Paducah, KY 42003    Other:		Agency Name Paducah Independent Board of Education		☐ State
KDE Contact Information:   Program Consultant – Phone #		Street Address PO Box 2550		
XDE Contact Information:   Program Consultant − Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Budget Contact − Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16th Fl. CPT   City, KY Zip   Frankfort, KY 40601   Frankfort, KY 40601     3   Description/Fund Source of Award and Fiscal Year:   Description   FY 2012 Title II, Part A Improving Teacher   Quality   Fund Source   Title II, Part A Teacher & Principal Training   Recruiting Fund   CFDA#   84.367A   MUNIS Project Number   A012   Master Agreement Number   N/A   MUNIS Project Number   N/A   Electronic Submission   Other     4   Grant Authority (Source):   NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   STRUISED Award Amount:   \$274,641.00   Period of Award:   Evaluations: District must submit a plan to address teacher   Seventian Fund   S		City, State Zip Paducah, KY 42003		Other:
XDE Contact Information:   Program Consultant − Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Budget Contact − Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16th Fl. CPT   City, KY Zip   Frankfort, KY 40601   Frankfort, KY 40601     3   Description/Fund Source of Award and Fiscal Year:   Description   FY 2012 Title II, Part A Improving Teacher   Quality   Fund Source   Title II, Part A Teacher & Principal Training   Recruiting Fund   CFDA#   84.367A   MUNIS Project Number   A012   Master Agreement Number   N/A   MUNIS Project Number   N/A   Electronic Submission   Other     4   Grant Authority (Source):   NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   STRUISED Award Amount:   \$274,641.00   Period of Award:   Evaluations: District must submit a plan to address teacher   Seventian Fund   S				
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address			8	Method of Payment:
Street Address Budget Contact – Phone # Street Address Street Address City, KY Zip	2	KDE Contact Information:	M -	
Street Address Budget Contact – Phone # Street Address Street Address City, KY Zip		Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address				
Street Address City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  5 REVISED Award Amount: \$274,641.00  6 Period of Award:  Street Address  5 Meeceipt of Invoice from Vendor  Receipt of Invoice from Vendor  Physical Reporting Method:  Electronic Submission Other  11 Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu				
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  5 REVISED Award Amount: \$274,641.00  6 Period of Award:  PROMIT PROMINE FRANK A SUBSESSES FROM The Award Amount: Signal Authority (Source): Quarterly Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annulation.				
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Reimbursement Frequency: Monthly Quarterly  Other  Financial Reporting Method: Electronic Submission Other  11 Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu				
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  VA  Financial Reporting Method: Electronic Submission Other  Financial Reporting Method: CFDA# MUNIS Project Number Master Agreement Number  N/A  Financial Reporting Method: CHDA#  Electronic Submission Other  Financial Reporting Method: Electronic Submission Other		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	9	Reimbursement Frequency:
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number  VA  Financial Reporting Method: Electronic Submission Other  Financial Reporting Method: CFDA# MUNIS Project Number Master Agreement Number  N/A  Financial Reporting Method: CHDA#  Electronic Submission Other  Financial Reporting Method: Electronic Submission Other	3	Description/Fund Source of Award and Fiscal Year:		Monthly
Fund Source    CFDA#				
Recruiting Fund CFDA# MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Recruiting Fund 10 Financial Reporting Method: Electronic Submission Other  11 Evaluations: District must submit a plan to address test quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu			,	
Recruiting Fund CFDA# MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Recruiting Fund 10 Financial Reporting Method: Electronic Submission Other  11 Evaluations: District must submit a plan to address test quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu		Fund Source Title II, Part A Teacher & Principal Training		Other
CFDA# MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  General Period of Award:  Belectronic Submission Other  The Agreement Number  10  Financial Reporting Method: Electronic Submission Other  11  Evaluations: District must submit a plan to address tead quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annuments.				
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Financial Reporting Method: Electronic Submission Other  II Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu				
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Period of Award:  Electronic Submission Other  Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annumentations.			10	Financial Reporting Method:
Grant Authority (Source):  NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Period of Award:  Other  Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annumentations.				
4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  5 REVISED Award Amount: \$274,641.00  6 Period of Award:  11 Evaluations: District must submit a plan to address tead quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu				
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount: \$274,641.00  Period of Award:  **The aforementioned plan will be evaluated annuments of the content of the cont	4	Grant Authority (Source):	111	
5 REVISED Award Amount: \$274,641.00  6 Period of Award:  11 Evaluations: District must submit a plan to address tea quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu	-			
\$274,641.00 quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annu	5		-11	<b>Evaluations:</b> District must submit a plan to address teacher
6 Period of Award: distirct. The aforementioned plan will be evaluated annu		\$274,641.00	PAH	quality based on a needs assessment cond-ucted by the
	6			distirct. The aforementioned plan will be evaluated annually.
July 1, 2011 – September 30, 2013				Information regarding the plan is forthcoming.
12 Consortia/Partnership Members:	12		or E	DUCATION
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.		submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	14			<b>Date:</b> March 20, 2012
Division of Next Generation Professionals		Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paintsville Independent Board of Education		☐ State
	Street Address 305 2nd St		
	City, State Zip Paintsville, KY 41240		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treceipt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7.3	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):	111.	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$41,360.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paris Independent Board of Education		☐ State
	Street Address 310 W Seventh St		
	City, State Zip Paris, KY 40361		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$62,688.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address 2525 Hwy 27 N City, State Zip Falmouth, KY 41040   **Rederat Cother:**  **Rederat Cother:**  **Rederat Cother:**  **Rederat Cother:**  **Rederat Cother:**  **Rederat Cash Request Expenditure Reimbursement Street Address	
City, State Zip Falmouth, KY 41040    City Federal Cash Request     Expenditure Reimbursement     Automatic Payment     Lump Sum     Receipt of Invoice from Vendor     Receipt of Invoice from Vendor     Monthly     Quarterly     Quarterly     Other	
Street Address   Str	
Street Address   Str	
2       KDE Contact Information:	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address Budget Contact – Phone # Street Address Street Address Street Address Street Address Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Quality Fund Source  Tracy Billingsley (502) 564-1979 Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly  Other	
Street Address Budget Contact – Phone # Street Address Street Address Street Address Street Address Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Quality Fund Source  Tracy Billingsley (502) 564-1979 Street Address Automatic Payment Lump Sum Receipt of Invoice from Vendor  Reimbursement Frequency:  Monthly Quarterly  Other	
Street Address City, KY Zip Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  Receipt of Invoice from Vendor Reimbursement Frequency:  Monthly Quarterly Quarterly  Other	
Street Address City, KY Zip Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Description Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  Receipt of Invoice from Vendor Reimbursement Frequency:  Monthly Quarterly Quarterly  Other	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  City, KY Zip Frankfort, KY 40601  9 Reimbursement Frequency: Monthly Quarterly Quarterly Other	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training  9 Reimbursement Frequency:	
Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Other	
Description FY 2012 Title II, Part A Improving Teacher Quality  Fund Source Title II, Part A Teacher & Principal Training Other	
Fund Source Title II, Part A Teacher & Principal Training Other	
Recluiting rund	
CFDA# 84.367A	
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A Electronic Submission	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	s teacher
\$134,892.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated a	nnually.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electro	nic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Perry County Board of Education		☐ State
	Street Address 315 Park Ave		
	City, State Zip Hazard, KY 41701		Other:
		8	Method of Payment:
2	KDE Contact Information:	M P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	-1//	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
_		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher	1	Quarterly
	Quality Title II. Bort A Teacher & Britain of Training		Othor
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A	10	Electronic Submission
	Master Agreement Number 1974	1	Other
4	Grant Authority (Source):	11.	- Other
4	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$383,504.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit	our fo	ederal cash request is December 10, 2013.
44			D. ( ) M.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pike County Board of Education		☐ State
	Street Address 316 S. Mayo Tr.		
	City, State Zip Pikeville, KY 41502		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trescapt of invelor from vertical
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$749,699.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address 148 Second Street City, State Zip Pikeville, KY 41501     State   Federal   Other:	
City, State Zip Pikeville, KY 41501    Other:	
Street Address   Source   S	
Rogram Consultant - Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Budget Contact - Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor	
Rogram Consultant - Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8th Fl. CPT   Budget Contact - Phone # Tracy Billingsley (502) 564-1979   Street Address   500 Mero St., 16th Fl. CPT   Lump Sum   Receipt of Invoice from Vendor	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address	
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice Payment Lump Sum Receipt of Invoice from Vendor  Nonthly  Quarterly  Other  Financial Reporting Method:  Electronic Submission Other	
Street Address Budget Contact – Phone # Street Address City, KY Zip    Description/Fund Source of Award and Fiscal Year: Description Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# MUNIS Project Number Master Agreement Number Master Agreement Number  4  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85   Automatic Payment Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor  Receipt of Invoice Payment Lump Sum Receipt of Invoice from Vendor  Nonthly  Quarterly  Other  Financial Reporting Method:  Electronic Submission Other	
Street Address City, KY Zip  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address About Ab	
Street Address City, KY Zip  Street Address Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Street Address About Ab	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year: Description  Fy 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number Master Agreement Number Monthly Quarterly  Other  Financial Reporting Method: Electronic Submission Other  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Description/Fund Source of Award and Fiscal Year:   Description	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# 84.367A MUNIS Project Number Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Master Agreement Number  V/A  Grant Authority (Source):  NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
MUNIS Project Number 4012 Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
Master Agreement Number N/A  Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address to	
\$87,610.00 quality based on a needs assessment cond-ucted by the	
6 Period of Award: distirct. The aforementioned plan will be evaluated ann	annually.
July 1, 2011 – September 30, 2013	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electronic	onic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pineville Independent Board of Education		☐ State
	Street Address 401 Virginia Ave		
	City, State Zip Pineville, KY 40977		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecopt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$47,172.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lang.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Powell County Board of Education		☐ State
	Street Address PO Box 430		
	City, State Zip Stanton, KY 40380		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe nem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$181,544.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
•	Division of Next Generation Professionals		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pulaski County Board of Education		☐ State
	Street Address PO Box 1055		
	City, State Zip Somerset, KY 42502		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$461,247.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Raceland Independent Board of Education		☐ State
	Street Address 600 Ram Blvd		
	City, State Zip Raceland, KY 41169		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the second of the se	11	Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
_	\$38,214.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Robertson County Board of Education		☐ State
	Street Address PO Box 108		
	City, State Zip Mount Olivet, KY 41064		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$24,554.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DITCHTION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
- U			

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rockcastle County Board of Education		☐ State
	Street Address 245 Richmond St		
	City, State Zip Mount Vernon, KY 40456		Other:
	-γ, <u>-</u> γ,		
		8	Method of Payment:
2	KDE Contact Information:	III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, RT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	11	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$204,251.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o - E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rowan County Board of Education		☐ State
	Street Address 121 E Second St		
	City, State Zip Morehead, KY 40351		Other:
		8	Method of Payment:
2	KDE Contact Information:	N P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	$dh_{E}$	<b>Evaluations:</b> District must submit a plan to address teacher
	\$196,658.00		quality based on a needs assessment cond-ucted by the
6	Period of Award:	F	distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County Board of Education		☐ State
	Street Address PO Box 440		
	City, State Zip Jamestown, KY 42629		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the second of the se		Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$185,016.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell Independent Board of Education		☐ State
	Street Address 409 Belfont St		
	City, State Zip Russell, KY 41169		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	73	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$85,246.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russellville Independent Board of Education		☐ State
	Street Address 355 S Summer St		
	City, State Zip Russellville, KY 42276		Other:
	only, state 2.p Proceeding, 111 12276		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
_	\$60,386.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Frocessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Science Hill Independent Board of Education		☐ State
	Street Address 6007 N Hwy 27		
	City, State Zip Science Hill, KY 42553		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		<b>&gt;</b>
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Waster Agreement Number 197A		Other
4	Grant Authority (Source):		
4	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
3	\$12,431.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
•	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
6			Information regarding the plan is forthcoming.
40	July 1, 2011 – September 30, 2013		The matter regarding the plante for the entire
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
			<b>D</b>
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Scott County Board of Education		☐ State
	Street Address PO Box 578		
	City, State Zip Georgetown, KY 40324		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	-	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$258,948.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		<b>Date:</b> Maren 26, 2012

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Shelby County Board of Education		☐ State
	Street Address 1155 Main St.,PO Box 159		
	City, State Zip Shelbyville, KY 40066		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$207,495.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:	E	distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	Benny	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Silver Grove Independent Board of Education		☐ State
	Street Address PO Box 400		
	City, State Zip Silver Grove, KY 41085		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecoupt of inveloc from vertical
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Made 7 Igreement rumber 1971		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	11	Evaluations: District must submit a plan to address teacher
	\$7,111.00 <b>PROFICIENT &amp; PRE</b>	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
,	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Simpson County Board of Education		☐ State
	Street Address PO Box 467		
	City, State Zip Franklin, KY 42135		Other:
		8	Method of Payment:
2	KDE Contact Information:	N D	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	1	<b>V</b>
5	REVISED Award Amount: PROFICIENT & PRE	31 2	<b>Evaluations:</b> District must submit a plan to address teacher
_	\$132,848.00	1 / N / N	quality based on a needs assessment cond-ucted by the distirct. The aforementioned plan will be evaluated annually.
6	Period of Award:	E	Information regarding the plan is forthcoming.
	July 1, 2011 – September 30, 2013		intornation regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
4.4	Authorized Dy (Nemo/Title). Michael Deiley Director		Deter March 20, 2012
14	Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Somerset Independent Board of Education		☐ State
	Street Address 305 N College St		
	City, State Zip Somerset, KY 42502		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
_	\$83,625.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o = E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Southgate Independent Board of Education		☐ State
	Street Address		
	City, State Zip Southgate, KY 41071		Other:
	only, craits in processing and, it is the contract of the cont		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	City, KT Zip Trankfort, KT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		Qualitary
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		S. III O
	CFDA# 84.367A		<b>&gt;</b>
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
	Waster Agreement Number 197A	1	Other
4	Grant Authority (Source):	11.	
4			
5	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85  REVISED Award Amount:	44	Evoluction of District must submit a plan to address to show
ວ		PAR	<b>Evaluations:</b> District must submit a plan to address teacher quality based on a needs assessment cond-ucted by the
_	\$10,003.00		distirct. The aforementioned plan will be evaluated annually.
6	Period of Award:		Information regarding the plan is forthcoming.
	July 1, 2011 – September 30, 2013		intornation rogarding the plante forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Bivioloti of troxi Contration i Toroccionale		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Spencer County Board of Education		☐ State
	Street Address 207 W Main St		
	City, State Zip Taylorsville, KY 40071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe near vertice.
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$85,255.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Taylor County Board of Education		☐ State
	Street Address 1209 E Broadway		
	City, State Zip Campbellsville, KY 42718		Other:
		8	Method of Payment:
2	KDE Contact Information:		
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	-4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher	1	Quarterly
	Quality		_
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		•
5	REVISED Award Amount: PROFICIENT & PRE	31.	<b>Evaluations:</b> District must submit a plan to address teacher
	\$106,325.00	1 2 N. II	quality based on a needs assessment cond-ucted by the
6	Period of Award:	-	distirct. The aforementioned plan will be evaluated annually.  Information regarding the plan is forthcoming.
	July 1, 2011 – September 30, 2013		information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DHCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
4.4	And and a Dec (Name (Title)) - Mink and Deline (Director)		D-4 M 00 0040
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Todd County Board of Education		☐ State
	Street Address 205 Airport Road		
	City, State Zip Elkton, KY 42220		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troodprof invoice from vendor
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1	1	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$116,591.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trigg County Board of Education		☐ State
	Street Address 202 Main St		
	City, State Zip Cadiz, KY 42211		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Troosipt of invoice from Vendor
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$100,931.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
'	Division of Next Generation Professionals		<b>Date:</b> Warding 20, 2012

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trimble County Board of Education		☐ State
	Street Address PO Box 275		
	City, State Zip Bedford, KY 40006		Other:
		8	Method of Payment:
2	KDE Contact Information:	N D	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	4/	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT	•	Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	1	V
5	REVISED Award Amount:	11/2	<b>Evaluations:</b> District must submit a plan to address teacher
	\$71,326.00	1 / N. II	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.  Information regarding the plan is forthcoming.
	July 1, 2011 – September 30, 2013		information regarding the plan is fortificonning.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
			<b>D</b> ( ) 1   0   0   0   0   0   0   0   0   0
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Union County Board of Education		☐ State
	Street Address 510 S Mart St		
	City, State Zip Morganfield, KY 42437		Other:
	,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treeslet of investe near vertice.
	Only, Itt Esp	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$137,126.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Walton-Verona Independent Board of Education		☐ State
	Street Address 16 School Rd		
	City, State Zip Walton, KY 41094		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4/	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vehicle
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	19	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	master rights ment reamber 1471	1 /	Other
4	Grant Authority (Source):	11.	
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
	\$49,657.00 PROFICIENT & PRE	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
•	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y		
			•
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		•

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Warren County Board of Education		☐ State
	Street Address PO Box 51810		
	City, State Zip Bowling Green, KY 42102		Other:
	,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		,
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		1	Other
4	Grant Authority (Source):		
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	Evaluations: District must submit a plan to address teacher
_	\$486,593.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013	lleng.	Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Floressionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Washington County Board of Education		☐ State
	Street Address 120 Mackville Hill Rd		
	City, State Zip Springfield, KY 40069		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality	,	
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$99,633.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wayne County Board of Education		☐ State
	Street Address 1025 South Main Street		
	City, State Zip Monticello, KY 42633		Other:
	3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vender
	Oity, itt Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber / 14/1		Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$225,744.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
)	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster County Board of Education		☐ State
	Street Address 28 State Rt 1340		
	City, State Zip Dixon, KY 42409		Other:
	2 9, 2 3 3 4		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trescript of invelor from vender
	Oity, itt Zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
_	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	.11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$116,081.00	PAH	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Generation Professionals		

Agency Name Street Address PO Box 367 City, State Zip West Point, KY 40177   **Rederal**  **Other:**  **Rederal** **Other:**  **Method of Payment:** **Description/Fund Source of Award and Fiscal Year:**  Description  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT City, KY Zip Frankfort, KY 40601  **Pogram Consultant - Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8th Fl. CPT Street Address 500 Me	
City, State Zip West Point, KY 40177    City Federal Cash Request     Expenditure Reimbursement     City Automatic Payment     City Automatic Payment     City State Zip Federal Cash Request     City Federal Cash Request     City Federal Cash Request     City State Zip Federal Cash Request     City Federal Cash Request     Ci	
City, State Zip West Point, KY 40177    City Federal Cash Request     Expenditure Reimbursement     City Automatic Payment     City Automatic Payment     City State Zip Federal Cash Request     City Federal Cash Request     City Federal Cash Request     City State Zip Federal Cash Request     City Federal Cash Request     Ci	
Street Address   Stre	
XDE Contact Information:   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	
XDE Contact Information:   Program Consultant – Phone # Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> Fl. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor	
Program Consultant – Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description FY 2012 Title II, Part A Improving Teacher Quality  Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  PReimbursement Frequency: Monthly Quarterly	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601      Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Automatic Payment Lump Sum Receipt of Invoice from Vendor   Reimbursement Frequency:  Monthly Quarterly	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601   Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quarterly	
Street Address City, KY Zip Frankfort, KY 40601   Description Fy 2012 Title II, Part A Improving Teacher Quality  Street Address City, KY Zip Receipt of Invoice from Vendor Quality	
City, KY Zip Frankfort, KY 40601  3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Reimbursement Frequency:  Monthly  Quarterly	
3 Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality  Reimbursement Frequency: Monthly Quarterly	
3 Description/Fund Source of Award and Fiscal Year:  Description FY 2012 Title II, Part A Improving Teacher  Quality   Monthly  Quarterly	I
Description FY 2012 Title II, Part A Improving Teacher Quarterly Quality	
Quality	ļ
	ļ
Recruiting Fund	
CFDA# 84.367A	
MUNIS Project Number 4012 10 Financial Reporting Method:	
Master Agreement Number N/A	
Other	
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	ļ
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to address	tooobor
WULLIA IENI AU WUEUN DEN ELID	
Information regarding the plan is forthcoming	maany.
3diy 1, 2011	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	İC
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Whitley County Board of Education		State
	Street Address 300 Main Street		
	City, State Zip Williamsburg, KY 40769		Other:
		8	Method of Payment:
2	KDE Contact Information:	M P	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT	- (//	Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):	111	
	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	<b>Evaluations:</b> District must submit a plan to address teacher
	\$361,996.00	PAR	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	
13	Special Instructions/Conditions: The submission of a quarterly report via		
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
14	Authorized By (Name/Title): Michael Dailey, Director Division of Next Generation Professionals		<b>Date:</b> March 20, 2012

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamsburg Independent Board of Education		☐ State
	Street Address 1000 Main St		
	City, State Zip Williamsburg, KY 40769		Other:
	στη, στουσ — μ		
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	A Land of the second of the se	11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$68,888.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	or E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	Division of Next Scheration i Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamstown Independent Board of Education		☐ State
	Street Address 300 Helton St		
	City, State Zip Williamstown, KY 41097		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479	4//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979	7	Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Trecolpt of invoice from vendor
	Oity, ICT Zip Trankfort, ICT 40001	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	17	Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
		11	Other
4	Grant Authority (Source):	11	
-	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$30,455.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	o- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	Comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		
	DIVISION OF NEXT Generation 1 Tolessionals		

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wolfe County Board of Education		☐ State
	Street Address PO Box 160		
	City, State Zip Campton, KY 41301		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	
	Program Consultant – Phone # Jennifer Baker (502) 564-1479		Expenditure Reimbursement
	Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT		Automatic Payment
	Budget Contact – Phone # Tracy Billingsley (502) 564-1979		Lump Sum
	Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Treesprentinteles frem vender
	ony, iti zip	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY 2012 Title II, Part A Improving Teacher		Quarterly
	Quality		
	Fund Source Title II, Part A Teacher & Principal Training		Other
	Recruiting Fund		
	CFDA# 84.367A		
	MUNIS Project Number 4012	10	Financial Reporting Method:
	Master Agreement Number N/A		
	Master / Igreement / tamber 14/1	1	Other
4	Grant Authority (Source):		
•	NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85		
5	REVISED Award Amount:	-11	Evaluations: District must submit a plan to address teacher
	\$152,834.00	PAF	quality based on a needs assessment cond-ucted by the
6	Period of Award:		distirct. The aforementioned plan will be evaluated annually.
	July 1, 2011 – September 30, 2013		Information regarding the plan is forthcoming.
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: The submission of a quarterly report via	the C	comprehensive District Improvement Plan electronic
	submission (CDIP) is required for this program. The final date to submit y	our fe	ederal cash request is December 10, 2013.
14	Authorized By (Name/Title): Michael Dailey, Director		<b>Date:</b> March 20, 2012
	Division of Next Generation Professionals		

Agency Name Street Address 330 Pisgah Pk City, State Zip Versailles, KY 40383     State   Federal   Other:	
City, State Zip Versailles, KY 40383    Other:	
Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Conta	
Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Street Address   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Street Address   Sudget Contact - Phone #   Sudget Contact - Phone #   Tracy Billingsley (502) 564-1979   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor   Sudget Principal Training   Principal Training   Quarterly   Quarterly   Other   CFDA#   St.367A   MUNIS Project Number   4012   Simplified Payment   Financial Reporting Method:	
XDE Contact Information:   Program Consultant – Phone #   Jennifer Baker (502) 564-1479   Street Address   500 Mero St., 8 <sup>th</sup> FI. CPT   Automatic Payment   Lump Sum   Receipt of Invoice from Vendor   Street Address   500 Mero St., 16 <sup>th</sup> FI. CPT   Lump Sum   Receipt of Invoice from Vendor   Receipt of Invoice from Vendor	
Program Consultant − Phone # Jennifer Baker (502) 564-1479 Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact − Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601     Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012   Expenditure Reimbursement Automatic Payment Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor   Reimbursement Frequency:  Monthly Quarterly  Other  Financial Reporting Method:	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601	
Street Address 500 Mero St., 8 <sup>th</sup> Fl. CPT Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601	
Budget Contact – Phone # Tracy Billingsley (502) 564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl. CPT City, KY Zip Frankfort, KY 40601    Description/Fund Source of Award and Fiscal Year: Description FY 2012 Title II, Part A Improving Teacher Quality Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Lump Sum Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Receipt of Invoice from Vendor  Quality Other  Other  Financial Reporting Method:	
Street Address City, KY Zip  Street Address City, KY Zip  Street Address City, KY Zip  Street Address City, KY Zip  Street Address City, KY Zip  Street Address Frankfort, KY 40601  Street Address City, KY Zip  Street Address Frankfort, KY 40601	
City, KY Zip  Frankfort, KY 40601  Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA# MUNIS Project Number  Frankfort, KY 40601  9  Reimbursement Frequency:  Monthly  Quarterly  Other  To Financial Reporting Method:	
Description/Fund Source of Award and Fiscal Year:  Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  Municial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  A012  Quarterly  Other  Financial Reporting Method:	
Description  FY 2012 Title II, Part A Improving Teacher Quality  Fund Source  Title II, Part A Teacher & Principal Training Recruiting Fund  CFDA#  MUNIS Project Number  A012  Quarterly  Other  Financial Reporting Method:	
Fund Source Title II, Part A Teacher & Principal Training Recruiting Fund Straining Fund Title II, Part A Teacher & Principal Training Recruiting Fund Title II, Part A Teacher & Principal Training Title II, Part A Teacher & Principal Training Title II, Part A Teacher & Principal Training Title II, Part A Teacher & Principal Training Title II, Part A Teacher & Principal Training Title II, Part A Teacher & Principal Training Title II, Part A Teacher & Principal Training Title II, Part A Teache	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	
Recruiting Fund CFDA# 84.367A MUNIS Project Number 4012  Recruiting Fund 10 Financial Reporting Method:	I
MUNIS Project Number 4012 10 Financial Reporting Method:	
Other	ļ
4 Grant Authority (Source):	
NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85	
5 REVISED Award Amount: 11 Evaluations: District must submit a plan to addres	
\$134,423.00 quality based on a needs assessment cond-ucted by	
6 Period of Award: distirct. The aforementioned plan will be evaluated a	nually.
July 1, 2011 – September 30, 2013  Information regarding the plan is forthcoming.	
12 Consortia/Partnership Members:	
13 Special Instructions/Conditions: The submission of a quarterly report via the Comprehensive District Improvement Plan electron	ic
submission (CDIP) is required for this program. The final date to submit your federal cash request is December 10, 2013.	
14 Authorized By (Name/Title): Michael Dailey, Director Date: March 20, 2012	
Division of Next Generation Professionals	